

New Jersey Department of Health and Senior Services
Financial Services - GMR
P.O. Box 360
Trenton, NJ 08625-0360

NOTIFICATION OF
LICENSED PUBLIC ACCOUNTANT

– SEE INSTRUCTIONS –

PROVIDER AGENCY NAME		AGENCY FISCAL YEAR
ADDRESS		ZIP CODE
NAME OF CONTACT INDIVIDUAL	TITLE	TELEPHONE NUMBER
CHARITIES REGISTRATION NUMBER	FEDERAL ID NUMBER	FISCAL YEAR OF LAST TAX RETURN FILED / IRS FORM NO.

I. FUNDING FROM STATE OF NEW JERSEY
(Use Additional Sheet If Necessary)

Department	Contract or Grant No.	Catalog of Federal Domestic Assistance No./ Funding Authorization No.	Period of Award	Amount of Contract or Grant

II. DIRECT FUNDING FROM THE FEDERAL GOVERNMENT
(Use Additional Sheet If Necessary)

Federal Agency	Contract or Grant No.	Catalog of Federal Domestic Assistance No.	Period of Award	Amount of Award

III. LICENSED PUBLIC ACCOUNTANT

CURRENTLY LICENSED TO PRACTICE IN NEW JERSEY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, N. J. LICENSE NO.:		EXPIRATION DATE:
FIRM NAME		TELEPHONE NUMBER
ADDRESS		ZIP CODE
NAME OF CONTACT INDIVIDUAL	TITLE	ANTICIPATED AUDIT COMPLETION DATE
CERTIFICATION – SIGNATURE	TITLE	DATE OF LATEST QUALITY CONTROL REVIEW

IV. FOR DEPARTMENT USE ONLY

DATE RECEIVED	DATE VERIFIED	AUDIT CONTROL NUMBER
REMARKS		